

UTAH DEPARTMENT OF HEALTH

Telecommunications Work Order Request Form

Employee Support

Phone: 538-6109

Fax: 538-6427

Telecommunication Work Order Request Form Processing Fee: \$13.00 (per form) \$3.00 per software change (depending on what needs to be done)

Contact Person/Name: _____ Date: _____

Contact Phone #: _____

Division/Office/Bureau: _____

Building: Cannon Health

Initial Work For/Name: _____

Jack#: _____

Cubicle #: _____

Present Type of Phone Set: _____

Phone # Needing Service: _____

Modem #: _____

Color: _____ Type: _____

Color of Present Phone Set: _____

Order New Phone Set _____

Forward After _____ Rings

Forward To: _____

Put in Pick-up Group With: 1. _____ 2. _____ 3. _____

Moving from Jack #: _____

To Jack #: _____

Change Name on Screen and Telephone Billing To: _____

Date: _____ Time: _____

Requesting Audix: Yes _____ No _____

Audix Training _____

Phone has Message Light: Yes _____ No _____

Order Light Attachment: _____

Forward to Audix after _____ Rings

Zero Button Forwards To: _____

Additional Information: _____

CHANGE DAS ID CODE on Telephone Billing:

Name	Phone #	From DAS ID Code	To DAS ID Code

Charge to DAS ID Code: HL _____

Employee Support Info Only:

Date Processed:		Email:		Faxed:		OES #:		ITS #:	
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Comments: _____